

**SECRET**  
(When Filled In)

NAME CHECK, DOCUMENT SERVICE, AND PARTIAL CONSOLIDATION REQUEST			
RID CONTROL NO. (Filled in by RID)		DATE (Submitted by requester) 20 July 1962	
FROM: (Requesters name) ①	BRANCH SR/CA/E	ROOM 5B6003	EXTENSION 7168

TO	ROOM	DATE	INITIALS	CHECKING INSTRUCTIONS
RID/INDEX				DO NOT CHECK FUNUS
REQUESTER			②	
RID/FILES				
REQUESTER			③	
RID/DRS				
RID/201				
RID/ANALYSIS				
RID/MIS				
RID/INDEX				

SUBJECT TO BE CHECKED	
SURNAME  FEGAN, Carolyn	GIVEN NAMES
SPELLING VARIATIONS	
AKA, ALIASES	OTHER IDENTIFYING DATA (Occupation, sex, CP membership, I. S. affiliations, etc.)
DATE AND PLACE OF BIRTH	<b>DECLASSIFIED AND RELEASED BY CENTRAL INTELLIGENCE AGENCY SOURCE METHOD EXEMPTION 3B2B NAZI WAR CRIMES DISCLOSURE ACT DATE 2007</b>
CITIZENSHIP U.S.A.	
RESIDENCE New York	

RID/INDEX TO REQUESTER		COMMENTS
<input checked="" type="checkbox"/> NO PERTINENT IDENTIFIABLE INFORMATION		
<input type="checkbox"/> CARD REFERENCES ATTACHED		

BE SURE ALL SUBJECT INFORMATION IS CORRECT

- ① Type or print all entries.
- ② On receipt of index card reproductions: draw a green diagonal line across items you don't want RID to obtain for you.
- ③ Edit (use green) the Copyflo listing to reflect: (a) Cards to be destroyed (green D). Examples: referenced document has been destroyed; less informative than a retained card leading to the same information; referenced information not significant. (b) Corrections and additions, including ∞ when card reflects all facts in document. (c) OK all cards that are correct as typed.

Could this trace be consolidated into an existing or new ☒ file? ☐ yes ☐ no. (If yes, complete the following - no other form required.)

PARTIAL CONSOLIDATION			
<input type="checkbox"/>		<input type="checkbox"/> number will be supplied by RID. If new <input type="checkbox"/> number has been obtained by desk, note it in this space.)	
OTHER INTERESTED DESKS OR STATIONS			
CRYPTONYM ASSIGNED	FILE TO BE KEPT	ACCESS RESTRICTED	RESTRICTION (If any)
YES <input type="checkbox"/> NO <input type="checkbox"/>	RID <input type="checkbox"/> DESK <input type="checkbox"/>	NO <input type="checkbox"/> YES <input type="checkbox"/>	
ALWAYS RETURN THIS FORM WITH COPYFLO OF CARD REPRODUCTIONS. IF YOU HAVE REQUESTED A PARTIAL CONSOLIDATION, ALSO RETURN PERTINENT DOCUMENTS.			
DATE		SIGNATURE OF RECORDS OFFICER	